



House of Representatives

General Assembly

File No. 649

January Session, 2003

Substitute House Bill No. 5100

House of Representatives, May 6, 2003

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE MEDICAL USE OF MARIJUANA.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2003*) As used in sections 1 to 9,
2 inclusive, of this act, unless the context otherwise requires:

3 (1) "Adequate supply" means an amount of marijuana jointly
4 possessed by a qualifying patient and the qualifying patient's primary
5 caregiver that is not more than is reasonably necessary to assure the
6 uninterrupted availability of marijuana for the purpose of alleviating
7 the symptoms or effects of the qualifying patient's debilitating medical
8 condition, but shall not exceed three mature marijuana plants, four
9 immature marijuana plants and one ounce of usable marijuana per
10 each mature plant;

11 (2) "Debilitating medical condition" means (A) cancer, glaucoma,
12 positive status for human immunodeficiency virus or acquired
13 immune deficiency syndrome, or the treatment of any such conditions,

14 including, but not limited to, chemotherapy, (B) a chronic or
15 debilitating disease or medical condition, or the treatment thereof, that
16 produces one or more of the following: (i) Cachexia or wasting
17 syndrome; (ii) severe pain; (iii) severe nausea; (iv) seizures, including,
18 but not limited to, those characteristic of epilepsy; or (v) severe and
19 persistent muscle spasms, including, but not limited to, those
20 characteristic of multiple sclerosis or Crohn's disease, or (C) any other
21 medical condition approved by the Department of Public Health,
22 pursuant to regulations that the Commissioner of Public Health may
23 adopt, in accordance with chapter 54 of the general statutes, in
24 response to a request from a physician or potentially qualifying
25 patient;

26 (3) "Marijuana" has the same meaning as provided in section 21a-
27 240 of the general statutes;

28 (4) "Medical use" means the acquisition and distribution, possession,
29 cultivation, use or transportation of marijuana or paraphernalia
30 relating to marijuana to alleviate the symptoms or effects of a
31 qualifying patient's symptoms, but does not include any such use of
32 marijuana by any person other than the qualifying patient. For the
33 purposes of this subdivision, "acquisition and distribution" means the
34 transfer of marijuana and paraphernalia relating to marijuana from the
35 primary caregiver to the qualifying patient;

36 (5) "Physician" means a person who is licensed under the provisions
37 of chapter 370 of the general statutes and authorized by subsection (a)
38 of section 21a-246 of the general statutes, as amended by this act, to
39 possess and supply marijuana for medical use, but does not include a
40 physician assistant, as defined in section 20-12a of the general statutes;

41 (6) "Primary caregiver" means a person, other than the qualifying
42 patient and the qualifying patient's physician, who is eighteen years of
43 age or older and has agreed to undertake responsibility for managing
44 the well-being of the qualifying patient with respect to the medical use
45 of marijuana, provided, in the case of a minor or an adult qualifying
46 patient lacking legal capacity, such person shall be a parent, guardian

47 or person having legal custody of such minor or adult qualifying
48 patient;

49 (7) "Qualifying patient" means a person who has been diagnosed by
50 a physician as having a debilitating medical condition;

51 (8) "Usable marijuana" means the dried leaves and flowers of the
52 marijuana plant, and any mixtures or preparations thereof, that are
53 appropriate for the medical use of marijuana, but does not include the
54 seeds, stalks and roots of the plant; and

55 (9) "Written certification" means a statement signed by the
56 qualifying patient's physician stating that, in the physician's
57 professional opinion, the qualifying patient has a debilitating medical
58 condition and the potential benefits of the medical use of marijuana
59 would likely outweigh the health risks of such use to the qualifying
60 patient.

61 Sec. 2. (NEW) (*Effective October 1, 2003*) (a) The medical use of
62 marijuana by a qualifying patient who is eighteen years of age or older
63 is permitted if:

64 (1) The qualifying patient has been diagnosed by a physician as
65 having a debilitating medical condition;

66 (2) The qualifying patient's physician has issued a written
67 certification to the qualifying patient for the medical use of marijuana
68 after the physician has prescribed, or determined it is not in the best
69 interest of the patient to prescribe, prescription drugs to address the
70 symptoms for which the certification is being issued;

71 (3) The amount of marijuana possessed by the qualifying patient
72 and the primary caregiver for medical use does not exceed an adequate
73 supply; and

74 (4) The cultivation of such marijuana occurs in a secure indoor
75 facility.

76 (b) The medical use of marijuana by a qualifying patient who is
77 under eighteen years of age is permitted if:

78 (1) The conditions set forth in subdivisions (1) to (4), inclusive, of
79 subsection (a) of this section are satisfied;

80 (2) The qualifying patient's physician has explained the potential
81 risks and benefits of the medical use of marijuana to the qualifying
82 patient and to a parent, guardian or person having legal custody of the
83 qualifying patient; and

84 (3) A parent, guardian or person having legal custody of the
85 qualifying patient agrees in writing to (A) allow the medical use of
86 marijuana by the qualifying patient, (B) serve as the qualifying
87 patient's primary caregiver, and (C) control (i) the transfer of the
88 marijuana to the qualifying patient, and (ii) the dosage and the
89 frequency of the medical use of marijuana by the qualifying patient.

90 (c) Subsections (a) and (b) of this section do not apply to:

91 (1) Any medical use of marijuana that endangers the health or well-
92 being of another person; and

93 (2) The medical use of marijuana (A) in a motor bus or a school bus,
94 as defined respectively in section 14-1 of the general statutes, or in any
95 moving vehicle, (B) in the workplace, (C) on any school grounds, (D) at
96 any public park, public beach, public recreation center or youth center
97 or any other place open to the public, or (E) in the presence of a person
98 under the age of eighteen.

99 (d) A qualifying patient shall have one primary caregiver at any
100 time. A primary caregiver may not be responsible for the care of more
101 than one qualifying patient at any time. The medical use of marijuana
102 by a primary caregiver who is registered in accordance with subsection
103 (b) of section 3 of this act is permitted on behalf of a qualifying patient,
104 provided the amount of such marijuana shall not exceed an adequate
105 supply.

106 (e) Any written certification for the medical use of marijuana issued
107 by a physician under this section shall be valid for a period not to
108 exceed one year from the date such written certification is signed by
109 the physician.

110 Sec. 3. (NEW) (*Effective October 1, 2003*) (a) Any physician who
111 issues a written certification for the medical use of marijuana shall
112 register with the Department of Public Safety the name, address and
113 patient identification number, if any, of the qualifying patient who is
114 issued such written certification and shall provide such other
115 identifying information concerning the qualifying patient as may be
116 required by the department.

117 (b) Each qualifying patient who is issued a written certification for
118 the medical use of marijuana, and the primary caregiver of such
119 qualifying patient, shall register with the Department of Public Safety.
120 Such registration shall be effective until the expiration of the written
121 certification issued by the physician. The qualifying patient and the
122 primary caregiver shall provide sufficient identifying information, as
123 determined by the department, to establish the personal identity of the
124 qualifying patient and the primary caregiver. The qualifying patient or
125 the primary caregiver shall report any change in such information to
126 the department not later than five business days after such change. The
127 department shall issue a registration certificate to the qualifying
128 patient and may charge a reasonable fee, not to exceed twenty-five
129 dollars, for a registration under this subsection.

130 (c) Upon the request of a law enforcement agency, the Department
131 of Public Safety shall verify whether a qualifying patient or a primary
132 caregiver has registered with the department in accordance with
133 subsection (b) of this section and may provide reasonable access to
134 registry information obtained under this section for law enforcement
135 purposes. Except as provided in this subsection, information obtained
136 under this section shall be confidential and shall not be subject to
137 disclosure under the Freedom of Information Act, as defined in section
138 1-200 of the general statutes.

139 Sec. 4. (NEW) (*Effective October 1, 2003*) The Commissioner of Public
140 Safety may adopt regulations, in accordance with chapter 54 of the
141 general statutes, to establish (1) a required form for written
142 certifications for the medical use of marijuana issued by physicians
143 under section 2 of this act, and (2) requirements for registrations under
144 section 3 of this act.

145 Sec. 5. (NEW) (*Effective October 1, 2003*) Nothing in sections 1 to 9,
146 inclusive, of this act shall be construed to require health insurance
147 coverage for the medical use of marijuana.

148 Sec. 6. (NEW) (*Effective October 1, 2003*) (a) A qualifying patient or a
149 primary caregiver may assert the medical use of marijuana as an
150 affirmative defense to any prosecution involving marijuana, or
151 paraphernalia relating to marijuana, under chapter 420b of the general
152 statutes, provided such qualifying patient or such primary caregiver
153 has strictly complied with the requirements of sections 1 to 9,
154 inclusive, of this act.

155 (b) No person shall be subject to arrest or prosecution solely for
156 being in the presence or vicinity of the medical use of marijuana as
157 permitted under sections 1 to 9, inclusive, of this act.

158 Sec. 7. (NEW) (*Effective October 1, 2003*) A physician shall not be
159 subject to arrest or prosecution, subject to any action under section 20-
160 13c of the general statutes, penalized in any manner or denied any
161 right or privilege for providing a written certification for the medical
162 use of marijuana if:

163 (1) The physician has diagnosed the qualifying patient as having a
164 debilitating medical condition;

165 (2) The physician has explained the potential risks and benefits of
166 the medical use of marijuana to the qualifying patient and, if the
167 qualifying patient is under eighteen years of age, to a parent, guardian
168 or person having legal custody of the qualifying patient;

169 (3) The written certification issued by the physician is based upon

170 the physician's professional opinion after having completed a full
171 assessment of the qualifying patient's medical history and current
172 medical condition made in the course of a bona fide physician-patient
173 relationship; and

174 (4) The physician has complied with the registration requirements
175 of subsection (a) of section 3 of this act.

176 Sec. 8. (NEW) (*Effective October 1, 2003*) Any marijuana,
177 paraphernalia relating to marijuana, or other property seized by law
178 enforcement officials from a qualifying patient or a primary caregiver
179 in connection with a claimed medical use of marijuana under sections
180 1 to 9, inclusive, of this act shall be returned to the qualifying patient or
181 the primary caregiver immediately upon the determination by a court
182 that the qualifying patient or the primary caregiver is entitled to the
183 medical use of marijuana under sections 1 to 9, inclusive, of this act, as
184 evidenced by a decision not to prosecute, a dismissal of charges or an
185 acquittal. Law enforcement officials seizing live marijuana plants as
186 evidence shall not be responsible for the care and maintenance of such
187 plants. This section does not apply to any qualifying patient or
188 primary caregiver who fails to comply with the requirements for the
189 medical use of marijuana under sections 1 to 9, inclusive, of this act.

190 Sec. 9. (NEW) (*Effective October 1, 2003*) (a) Any person who makes a
191 fraudulent representation to a law enforcement official of any fact or
192 circumstance relating to the medical use of marijuana in order to avoid
193 arrest or prosecution under chapter 420b of the general statutes shall
194 be guilty of a class C misdemeanor.

195 (b) Any person who makes a fraudulent representation to a law
196 enforcement official of any fact or circumstance relating to the issuance
197 of a written certification for the medical use of marijuana by a
198 physician to which section 7 of this act does not apply shall be guilty of
199 a class A misdemeanor.

200 Sec. 10. Subsection (a) of section 21a-246 of the general statutes is
201 repealed and the following is substituted in lieu thereof (*Effective*

202 October 1, 2003):

203 (a) No person within this state shall manufacture, wholesale,
204 repackage, supply, compound, mix, cultivate or grow, or by other
205 process produce or prepare, controlled substances without first
206 obtaining a license to do so from the Commissioner of Consumer
207 Protection and no person within this state shall operate a laboratory
208 for the purpose of research or analysis using controlled substances
209 without first obtaining a license to do so from the Commissioner of
210 Consumer Protection, except that such activities by pharmacists or
211 pharmacies in the filling and dispensing of prescriptions, or activities
212 incident thereto, or the dispensing or administering of controlled
213 substances by dentists, podiatrists, physicians [,] or veterinarians, or
214 other persons acting under their supervision, in the treatment of
215 patients shall not be subject to the provisions of this section, and
216 provided laboratories for instruction in dentistry, medicine, nursing,
217 pharmacy, pharmacology and pharmacognosy in institutions duly
218 licensed for such purposes in this state shall not be subject to the
219 provisions of this section except with respect to narcotic drugs and
220 schedule I and II controlled substances. Upon application of any
221 physician licensed pursuant to chapter 370, the Commissioner of
222 Consumer Protection shall, without unnecessary delay, license such
223 physician to possess and supply marijuana for [the treatment of
224 glaucoma or the side effects of chemotherapy] medical use pursuant to
225 sections 1 to 9, inclusive, of this act. No person [without] outside this
226 state shall sell or supply controlled substances within [the] this state
227 without first obtaining a license to do so from the Commissioner of
228 Consumer Protection, provided no such license shall be required of a
229 manufacturer whose principal place of business is located outside [the]
230 this state and who is registered with the federal Drug Enforcement
231 Agency or other federal agency, and who files a copy of such
232 registration with the appropriate licensing authority under this
233 chapter.

234 Sec. 11. Section 21a-253 of the general statutes is repealed and the
235 following is substituted in lieu thereof (*Effective October 1, 2003*):

236 Any [person] qualifying patient or primary caregiver, as defined
 237 respectively in section 1 of this act, may possess or have under [his]
 238 such qualifying patient's or primary caregiver's control a quantity of
 239 marijuana less than or equal to that quantity supplied [to him]
 240 pursuant to a prescription made in accordance with the provisions of
 241 section 21a-249 by a physician licensed under the provisions of chapter
 242 370 and further authorized by subsection (a) of section 21a-246, as
 243 amended by this act, by the Commissioner of Consumer Protection to
 244 possess and supply marijuana for [the treatment of glaucoma or the
 245 side effects of chemotherapy] medical use pursuant to sections 1 to 9,
 246 inclusive, of this act. The provisions of this section do not apply to the
 247 possession or control of marijuana in a quantity that exceeds an
 248 adequate supply, as defined in section 1 of this act.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>
Sec. 5	<i>October 1, 2003</i>
Sec. 6	<i>October 1, 2003</i>
Sec. 7	<i>October 1, 2003</i>
Sec. 8	<i>October 1, 2003</i>
Sec. 9	<i>October 1, 2003</i>
Sec. 10	<i>October 1, 2003</i>
Sec. 11	<i>October 1, 2003</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Judicial Dept.; Correction, Dept.	GF - Cost	Potential	Potential
Judicial Dept.	GF - Revenue Gain	Less than 10,000	Less than 10,000
Public Safety, Dept.; Consumer Protection, Dept.	GF - None	None	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill allows Connecticut residents to cultivate and use marijuana for medical purposes when a treating physician certifies that the patient's condition would benefit from the medical use of marijuana. A potential cost could result from the crime established in the bill. No fiscal impact is anticipated due to the registration and licensure requirements in the bill.

The bill makes it a crime (punishable by up to 3 months imprisonment and/or a \$500 fine) to lie to a law enforcement officer about using marijuana for medical purposes or about being issued a doctor's certification to use marijuana for such purposes.¹ Violators would also be subject to more severe penalties that exist under current law for possession of marijuana. The extent to which violators would be prosecuted, convicted, and sentenced under both counts (thereby lengthening an offender's time in custody) is unknown. Any revenue gain from imposed fines would be minimal.

¹ The cost of 3 months imprisonment is about \$7,600 on average. Alternatively, the average cost of monitoring by the court for 3 months can range from \$11 to \$65, depending upon the type of community supervision needed for offenders under the bill.

The bill requires doctors and patients to register with the Department of Public Safety (DPS) regarding the medical use of marijuana. In addition, DPS must develop regulations to manage this registration process and verify registrants to requesting law enforcement agencies. As the number of registrants is not anticipated to be significant, these requirements are not expected to result in the need for additional resources.

The bill is not expected to create a fiscal impact for the Department of Consumer Protection to license physicians.

OLR Bill Analysis**sHB 5100*****AN ACT CONCERNING THE MEDICAL USE OF MARIJUANA*****SUMMARY:**

This bill:

1. allows patients and their primary caregivers to acquire and grow, and the patient to use, marijuana for treatment if the patient's doctor certifies that he has a debilitating condition that would be helped more than harmed by its use;
2. requires patients who use marijuana for medical purposes and their primary caregiver to register with the Department of Public Safety (DPS);
3. allows patients or caregivers who strictly comply with the bill to use medical use of marijuana as an affirmative defense to the state's drug-related criminal laws;
4. prohibits anyone from being arrested or prosecuted solely for being present or in the vicinity as marijuana or marijuana paraphernalia is acquired, possessed, cultivated, used, distributed, or transported for medical use;
5. requires law enforcement officers to return seized marijuana or marijuana paraphernalia intended for medical use, but does not make them responsible for the care or maintenance of seized marijuana plants;
6. makes it a misdemeanor for anyone to lie to a law enforcement officer about using marijuana for medical purposes or about being issued a doctor's certification to use marijuana for such purposes;
7. prohibits physicians from being punished for writing certifications; and

8. allows the Department of Consumer Protection (DCP) to license physicians to prescribe, possess, and supply marijuana for the treatment of the debilitating conditions the bill covers and correspondingly allows patients and their primary caregivers to possess the prescribed quantity.

EFFECTIVE DATE: October 1, 2003

USE OF MARIJUANA FOR MEDICAL PURPOSES

The bill establishes different prerequisites for using marijuana to treat medical conditions based on the patient's age. If age 18 or older, the patient may use marijuana if (1) he gets a signed statement (certification) from his physician that, in the physician's professional opinion, the patient has a debilitating medical condition that would likely be helped more than harmed by the use of marijuana; (2) he and his primary caregiver together possess no more than three mature and four immature marijuana plants and one ounce of usable marijuana per mature plant; and (3) he grows the marijuana in a secure indoor facility.

In addition to the above-stated conditions, for patients under age 18, the physician must explain the risks and benefits of marijuana's use to the patient and a parent, guardian, or legal custodian. The parent, guardian, or custodian must agree to allow the patient to use marijuana, serve as his primary caregiver, and control the drug's acquisition and the patient's dosage and frequency of use.

The bill does not require health insurers to cover the medical use of marijuana.

"Debilitating medical condition" means (1) cancer, glaucoma, HIV, AIDS, or treatment of such conditions; (2) a chronic or debilitating disease or medical condition, or the treatment of such conditions, that causes wasting syndrome, severe pain, severe nausea, seizures, or severe and persistent muscles spasms; or (3) any other medical condition the Department of Public Health approves by regulations requested by a physician or patient with a debilitating medical condition.

Primary Caregiver

Under the bill, a patient can have only one primary caregiver at a time and the caregiver can be responsible for only one patient. A “primary caregiver” is someone age 18 or older, other than the patient’s physician, who assists the patient in his use of marijuana for medical purposes. If the patient is a minor or lacks legal capacity, the bill requires his parent, guardian, or legal custodian to act as the primary caregiver.

Prohibition on the Use of Medical Marijuana

The bill prohibits marijuana from being used medically (1) if it endangers another person’s health or well being; (2) on a motor or school bus, in any moving vehicle, at work, on school grounds; or (3) at a public park, beach, recreation or youth center, or any other public place.

Additionally, although the bill allows patients under age 18 to use marijuana for medical purposes under the above-described conditions, it prohibits them, and their adult counterparts, from using it in the presence of other people under age 18.

CERTIFICATION OF MARIJUANA USE

The bill allows physicians to certify a patient’s use of marijuana only after they have prescribed, or determined it against the patient’s best interest to prescribe, prescription drugs to address the symptoms the marijuana is supposed to treat. It makes any certification by a physician of a patient’s use of marijuana valid for one year from the date it is signed. It prohibits any physician from being punished for the certification. Specifically, the physician cannot be arrested, prosecuted, or otherwise penalized, and his license to practice medicine cannot be restricted, suspended or revoked if he:

1. diagnosed the patient with a debilitating condition;
2. explained the risks and benefits of using marijuana for medicinal purposes to any such patient over age 18 or the parent, guardian, or legal custodian of any such patient under age 18;
3. based his written certification on his professional opinion after fully assessing the patient’s medical history and current medical condition in the course of a physician-patient relationship; and

4. registered the patient with DPS.

REGISTRATION

The bill establishes dual registration requirements with DPS. It requires physicians who issue written certifications to register the name and address of the patient who received the certification and any identification number or other information DPS requires. It requires patient-recipients of the certification and their primary caregiver to register with DPS, providing it with information that sufficiently and personally identifies them. The patient or caregiver must report any change to the information they provide not later than five business days after it occurs.

The bill requires DPS to issue the patient a registration certificate that is valid for the same period as the written certification from the physician, up to one year. DPS may charge any reasonable registration fee, up to \$25.

The bill makes registration information confidential and not subject to disclosure under the Freedom of Information Act. But DPS can verify for any law enforcement agency that asks whether a patient or primary caregiver is registered and provide the agency with reasonable access to registry information for law enforcement purposes. The bill permits DPS to establish in regulations (1) a form physicians must use to certify their patient's debilitating condition and the medicinal benefits of marijuana and (2) registration requirements.

MEDICAL USE OF MARIJUANA AND CRIMINAL LAW

The bill permits patients and primary caregivers who comply with its requirements to assert that fact as an affirmative defense to any state prosecution involving marijuana or marijuana paraphernalia (see BACKGROUND). It prohibits anyone from being arrested or prosecuted solely for being present or in the vicinity as marijuana or marijuana paraphernalia is acquired, possessed, cultivated, used, distributed, or transported for medical use.

The bill requires law enforcement agencies to return marijuana, marijuana paraphernalia, or other property seized from a patient or primary caregiver who complies with its provisions immediately after a court determines that they were entitled to have it. Under the bill,

entitlement is evidenced by a prosecutor's decision to dismiss the charges or not to prosecute, or the patient or caregiver's acquittal.

The law absolves law enforcement officials of any responsibility for the care and maintenance of live marijuana plants seized as evidence.

The bill makes anyone who lies to a law enforcement officer about acquiring, possessing, cultivating, using, distributing, or transporting marijuana for medical use in order to avoid arrest or prosecution for a drug-related offense guilty of a class C misdemeanor, punishable by up to three months' imprisonment, a \$500 fine, or both. It makes anyone who lies to the officer about the issuance of a written certification for the medical use of marijuana guilty of a class A misdemeanor, punishable by up to one year in prison, a \$2,000 fine, or both.

PHYSICIANS LICENSED TO PRESCRIBE AND SUPPLY MARIJUANA

By law, the consumer protection commissioner can license physicians to possess and supply marijuana for the treatment of glaucoma or the side effects of chemotherapy. The law explicitly allows people suffering from these conditions to possess the marijuana these physicians prescribe. Although the law has been in effect for over 20 years, no physician has apparently ever applied for a license to use marijuana to treat patients.

The bill extends the conditions of licensure to include the treatment of the debilitating conditions the bill covers. And just as people with glaucoma or receiving chemotherapy, the bill allows people with the conditions it specifies to possess marijuana, up to the amount prescribed. The bill allows a prescription recipient's primary caregiver to possess the same amount.

BACKGROUND

Marijuana is a Controlled Substance

Federal law classifies marijuana as a Schedule I controlled substance. With two exceptions, the law prohibits anyone from knowingly or intentionally manufacturing, distributing, dispensing, or possessing with intent to manufacture, distribute, or dispense Schedule I drugs. The U.S. Attorney General can register manufacturers and distributors,

using statutorily specified criteria. And licensed practitioners, including pharmacies, can use Schedule I substances in government-approved research projects. The penalty for violations varies depending on the amount of drug involved (21 USCA 812, 823, and 841 (a)(1)).

Legislative History

On April 14, the House referred the bill (File 271) to the Public Health Committee, which reported a substitute on April 24 that (1) allows physicians to certify a patient's use of marijuana only after they have prescribed, or determined it against the patient's best interest to prescribe, prescription drugs to address the symptoms the marijuana is supposed to treat and (2) prohibits anyone from using medical marijuana in the presence of a minor.

COMMITTEE ACTION**Judiciary Committee**

Joint Favorable Substitute

Yea 21 Nay 18

Public Health Committee

Joint Favorable Substitute

Yea 12 Nay 7